

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-10-2003 90206 029 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000002425

1. Entity Name

PROJECT GOOD DEEDS, INC.



35004104

Principal Place of Business

**220 SUNRISE AVENUE
SUITE 103
PALM BEACH FL 33480**

Mailing Address

**220 SUNRISE AVENUE
SUITE 103
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0421559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**YOUNG, JEFFERY N
220 SUNRISE AVENUE
SUITE 103
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **YOUNG, JEFFERY N**
STREET ADDRESS **277 ROYAL POINCIANA WAY STE. 148**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **VD** ☒ Delete
NAME **CAHILL, TIMOTHY J**
STREET ADDRESS **340 ROYAL POINCIANA WAY 300**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **SD** ☐ Delete
NAME **FELBER, RONNA J**
STREET ADDRESS **92 PLUMAGE LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P, V, T, D** ☒ Change ☐ Addition
NAME **YOUNG, JEFFERY N.**
STREET ADDRESS **220 SUNRISE AVENUE, SUITE 103**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME **FELBER, RONNA J.**
STREET ADDRESS **220 SUNRISE AVE., SUITE 103**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **D** ☐ Change ☒ Addition
NAME **CAHILL, TIMOTHY J.**
STREET ADDRESS **625 N. FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP


12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

Jeffery N. Young

CR2E037 (10/02)

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # N02000002425			
1. Entity Name PROJECT GOOD DEEDS, INC.			
Principal Place of Business 220 SUNRISE AVENUE SUITE 103 PALM BEACH FL 33480		Mailing Address 220 SUNRISE AVENUE SUITE 103 PALM BEACH FL 33480	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 03-0421559		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, JEFFERY N 220 SUNRISE AVENUE SUITE 103 PALM BEACH FL 33480		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, JEFFERY N 277 ROYAL POINCIANA WAY STE. 148 PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, V, T, D YOUNG, JEFFERY N. 220 SUNRISE AVENUE, SUITE 103 PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAHILL, TIMOTHY J 340 ROYAL POINCIANA WAY 300 PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELBER, RONNA J 92 PLUMAGE LANE WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELBER, RONNA J. 220 SUNRISE AVE., SUITE 103 PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAHILL, TIMOTHY J. 625 N. Highway 1 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: JEFFERY YOUNG		SIGNATURE REQUIRED: JEFFERY YOUNG 1/08/03 561-833-1657	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E037 (10/02)